



PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

09/699,019

Filing Date

October 27, 2000

First Named Inventor

Ahmadreza Rofougaran

Art Unit

2618

Examiner Name

Marceau Milord

Attorney Docket Number

15258US05

ENCLOSURES (check all that apply)☒ Fee Transmittal Form
(1 page, in duplicate)☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request
(1 page, in duplicate)☐ Express Abandonment Request☐ Information Disclosure
Statement☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board
of Appeals and Interferences☒ Appeal Communication to TC
(Notice of Appeal, 1 page, in duplicate)☐ Proprietary Information☐ Status Letter☒ Return-Receipt Postcard☐ Other Enclosure(s) (please
identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

McAndrews Held & Malloy, Ltd.

Signature

Printed Name

Michael T. Cruz

Date

July 20, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 20, 2007.

Name (Print/type)

Michael T. Cruz

Registration No. (Attorney/Agent)

44,636

Signature

Date

July 20, 2007

JUL 23 2007

Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2007

Complete if Known

Application Number	09/699,019
Filing Date	October 27, 2000
First Named Inventor	Ahmadreza Rofougaran
Examiner Name	Marceau Milord
Art Unit	2618
Attorney Docket No.	15258US05

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **620.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ -20 or HP	_____ x _____	= _____		Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
_____ -3 or HP	_____ x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number)	x _____ = _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

 Other: Notice of Appeal Fee (\$500.00); Request for One-Month Extension (\$120.00) **\$620.00**

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz	Date	July 20, 2007		